

COMPLETE IF YOU HAVE 11 OR MORE EMPLOYEES

Business Name _____ License #/Occupation Tax # _____

NUMBER OF EMPLOYEES (COMPANY-WIDE) : _____ (Required for 11 OR MORE EMPLOYEES)

Private Employer Affidavit Of Compliance Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number (Also known as E-Verify number)

(An E-Verify number is four to six characters – it is not your Federal ID Number. If you do not have an E-Verify number, visit www.uscis.gov and click on E-Verify.)

Date of Authorization

Name of Private Employer (company name)

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, 20____ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 20____.

NOTARY PUBLIC

My Commission Expires: _____